

COMMUNITY AND ECONOMIC DEVELOPMENT

1420 Miner Street Des Plaines, IL 60016 P: 847.391.5366 W: desplaines.org

CHECKLIST FOR A TEMPORARY EVENT LICENSE

| ALL AP | ALL APPLICANTS MUST REMIT THE FULLOWING | | |
|--|---|--|--|
| | Completed application for a Temporary Event License | | |
| | Completed and notarized Hold Harmless Agreement | | |
| | Copy of the Good Standing for the organization issued by the IL Secretary of State | | |
| | Certificate of insurance listing general liability (must specify coverage for event, days & times); | | |
| | Copy of the driver's license for the applicant / representative | | |
| | Site plan, diagram and/or route detailing structures, area and seating with # of capacity | | |
| | Payment of \$50.00 (valid for up to 4 consecutive days) | | |
| FOR APPLICANTS SERVING FOOD MUST INCLUDE THE FOLLOWING | | | |
| | List of vendors including business name, address, phone # and name of each food handler | | |
| | Copy of the IL Food Safety Manager certification for each food handler | | |
| FOR E | VENTS UTILIZING PUBLIC PROPERTY MUST INCLUDE THE FOLLOWING | | |
| | Certificate of insurance must list the City of Des Plaines as additionally insured with coverages equal to or surpassing those listing in Exhibit A. Maintenance deposit of \$500.00 | | |
| | | | |

<u>DEPARTMENT PHONE NUMBERS FOR FURTHER QUESTIONS OR CONCERNS</u>

- Zoning Department / 847-391-5306
 For information on permitted uses, the zoning of a property and available sites
- <u>Building Department / 847-391-5380</u>
 For information on building renovations, alterations and requirements for building permits
- <u>Fire Prevention Bureau / 847-391-5340</u>
 For information pertaining to fire safety requirements
- Health & Sanitation Department / 847-391-5377
 For information pertaining to food related, environmental, state and health/safety requirements
- <u>Licensing Division / 847-391-5366</u>
 For information on registration requirements, licensing requirements and status of an application



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APPLICATION FOR A TEMPORARY EVENT LICENSE

EVENT INFORMATION

| Location: | | |
|--|--|--|
| Will you be utilizing Public Property or Right-of-Way for this event? No Yes (see Exhibit A) | | |
| Will you be requesting street closures for this event? No Yes (provide map & streets) | | |
| Description: | | |
| Dates to be held: 1 st day:3 rd day:4 th day: | | |
| Times to be held: 1 st day:3 rd day:4 th day: | | |
| Approx. # of Attendees: # of Tables and Chairs: Seating Capacity: | | |
| Will there be carnival rides and/or inflatables at the event? No Yes (separate application required) | | |
| Will there be a firework display? No Yes (separate application required) | | |
| Will you be hosting a raffle or a charitable game? No Yes (separate application required) | | |
| Will alcoholic beverages be sold on the premises? No Yes (separate application required) | | |
| ORGANIZATION / COMPANY INFORMATION | | |
| Name: | | |
| Address:Phone #: | | |
| | | |
| City: St:Zip: | | |
| City: | | |
| | | |

Signature:



Title

HOLD HARMLESS AGREEMENT FOR A TEMPORARY EVENT

This Agreement, is hereby made between the CITY OF DES PLAINES and the following applicant (name & full address of organization) (the "Applicant") on this day of (month, day, year) In consideration for the issuance of a license to conduct and/or promote the event by the City, (name of event) at the location of (event location address) (dates & times of event) agrees to hold harmless, release, (name of organization) indemnify, and defend the City, its Mayor, Aldermen, Officers, Employees and Agents from and against any and all loss, cost, damage or expense, whether occurring on Public or Private Property, of whatever nature, including but not limited to, court costs and attorneys' fees, which any of them may suffer, incur, or sustain or for which any of them may become liable by virtue of the issuance of the abovereferenced license by the City. The Applicant further assumes all risk, liability, and responsibility for damage done to any public right-of-way or any publicly-owned appurtenances thereto caused directly or indirectly by the Applicant's use of such public right-of-way, regardless of whether such damage is covered by Applicant's insurance coverages. The undersigned has the authority to agree and hereby affirms under oath that he/she have full power and authority to execute this Agreement on behalf of the above listed organization. SUBSCRIBED and SWORN to before me this Signature of Representative day of , 20 . Print Name NOTARY PUBLIC (STAMP SEAL BELOW)

EXHIBIT A

MINIMUM INSURANCE REQUIREMENTS FOR TEMPORARY EVENTS ON PUBLIC RIGHTS-OF-WAY

A. <u>Comprehensive General Liability</u> with coverage written on an "occurrence" basis and with limits no less than:

\$2,000,000 Bodily Injury and Property Damage Combined Single Limit

Coverage is to be written on an "occurrence" basis.

Coverages shall include:

- Broad Form Property Damage Endorsement
- Blanket Contractual Liability (must expressly cover the indemnity provisions of the Contract)
- B. <u>Comprehensive Motor Vehicle Liability</u> with a combined single limit for bodily injury and property damage of not less than \$1,000,000 for vehicles, owned, non-owned, or rented.
- C. <u>Additional Insured</u>. The following parties shall be named as an Additional Insured on the Consultant's General Liability policy:

The City of Des Plaines

Illinois Department of Transportation [If PROW is under IDOT jurisdiction]

Cook County [If PROW is under Cook County jurisdiction]